Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

340983	
Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a c	certification form for each SAC through which it provides Lifeline service).
IL	Cambridge Telephone Company
State	ETC Name
N/A	Cambridge Telcom, Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes No O
determined in accordance with Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Certification All ETCs must complete this section	
I certify that the company listed above has certification pr	rocedures in place to:
	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household r her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	
Initial sr	